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## ORIGINAL COMMUNICATIONS.

### ADDRESS INTRODUCTORY

TO THE TWENTY-FIRST ANNUAL COURSE OF LECTURES IN RUSH  
MEDICAL COLLEGE,

*Delivered October 7th, 1863,*

By Professor E. INGALS.

*Gentlemen, Members of the Class :*

The exercises of the evening are initial to the twenty-first annual course of lectures in the Rush Medical College, and it is always our custom on like occasions to receive the class with a general introductory address, and in compliance with this custom, I am deputed by my associate members of the faculty to meet you to-night, and in their name I bid you a cordial welcome to these halls, dedicated as they are to the teaching and learning of the Science of Medicine.

We witness this evening with peculiar pleasure the presence of by far the largest class that has ever been convened at the commencement of any session within the walls of this College, and we accept it as a compliment from the profession at large, to whom we owe so much for their generous sympathy and support, and I desire in this public manner to express to them our thanks for this unmistakable evidence of their confidence and approval.

I regret the absence from our circle to-night of the cheerful face of one by whom it has before been adorned. Prof. Miller has been spending a few months beyond the ocean, in lands made interesting by their antiquity, visiting their hospitals, associating with members of the profession and observing their modes and means of teaching. He designed sailing from Liverpool on the 30th ult., and already his feet must well-nigh press again his native land, and in a few days we may expect him to resume his labors before the class, physically invigorated by the recreation of travel, his mind enriched by observation, and bringing with him something additional to our present means for illustrating the several branches of the course.

But my regret at the temporary absence of one, is more than compensated by the permanent addition of Dr. E. L. Holmes, another teacher, to our ranks. Of his modest worth, and rare scientific attainments in the branches in which he proposes to instruct you, his presence forbids me to speak in such terms as my feelings would prompt and truth would justify. I trust that our efforts to give you something more than ordinary opportunities to become familiar with diseases of the eye and ear, and their proper treatment, will meet your approbation and redound to your advantage.

During the current course of lectures our relation to each other is to be of the most interesting nature—the relation of teacher and pupil; and the Faculty will esteem themselves fortunate if their intercourse with the class should prove no less pleasant than it has been during former sessions. More than this we do not hope, and can scarcely desire. The same kindness of treatment from you, the same courteous conduct and proper demeanor, an equally sedulous attention to our teachings, will shed over our minds the invigorating dews of a perpetual joy, and go far to recompense us for all the toils incident to the place we occupy. On our part, I may safely pledge that it shall be our earnest endeavor to merit no less than this by the rendition to each of you of every act of kindness that fortune may cast in our power, and by the diligent

and faithful discharge of all the duties that we owe you. Amid the multitude of thoughts that are fit to be uttered on an occasion like this, it is difficult to decide which to choose or which to reject, but it shall be my endeavor to say something that may be *useful* to you, to aid you along the struggle of your student life, as well as in that more real life that shall follow, when at the bed side of the sick you are called upon to apply the knowledge you here acquire. For you will not begin too soon to view your future lives, as it were, in perspective, to indicate as well as you can the general course they shall take, and by the exercise of a judicious foresight assure to yourselves a pleasant and prosperous voyage, a valuable freight, and the safe attainment of a desirable haven. I presume I do not err in supposing that a large majority of your numbers are but commencing the study of medicine and fitting yourselves to enter upon the duties incident to its practice.

To such the future of your lives is as an unknown land, or an ideal world, illumined only by the rays of hope or painted by the exuberance of a youthful fancy. You do not know the difficulties of your present position; the obstacles that will interpose themselves across your several ways; the seductive influences that will environ you, ever inviting you to leave the straight and narrow path in which you now promise yourselves you will walk. Happy should I be, could I point out to you some of these difficulties and dangers, to the end that you may the better overcome or avoid them, thus rendering your course the more easy, your success the more assured, and your usefulness the more abundant. With these objects in view, my interest in your welfare prompts me to the usually thankless task of proffering you some words of advice and direction, and for this office my past experience has not been unfavorable, for at a day distant enough to correct the false colorings that so generally surround objects but little removed from our mental vision, and yet not remote enough to be obscured by forgetfulness, my place of observation was the same that you occupy to-night, and what is past to me, *has*

*been*, essentially, as the future *shall be*, to you, and as I look upon your faces they reflect upon me the retrospect of my own life, and memory with its wondrous powers brings back upon my mind each link in the brief chain of former years, and it seems but yesterday, since in fulfilling my purpose of attending my first course of medical lectures, I found myself the denizen of a busy, struggling city, so in contrast with all my previous tranquil experience, and I do not forget that the remembrance of home and the events of my boyhood would obtrude themselves upon my mind, despite the forbiddings of will. I remember too, the joyous feelings some of you experience, as I returned to my second course of lectures, and found myself surrounded by scenes made glad by memory of the pleasures of a former session, and the meeting again of college friends, and the cultivation of pleasant intimacies with those who were with us for the first time; for I count it as my good fortune that I entered the profession across the threshold you have just passed; that as a student, I occupied the seats you now occupy, and listened to the teachings of some by whom you shall profit, spared yet in the good providence of God to gladden us by their presence. Similar motives, I doubt not, have operated on most of your minds to induce you to make the study and practice of medicine the business of your lives, and to such of you as are fitted by natural endowments for this noble work, and who shall apply the future of your lives faithfully and conscientiously to its performance, I cannot but offer you my hearty congratulations on the selection of a vocation that you have made.

I know it is much the custom of medical men to speak differently on this subject, and to be always underrating the standing of the profession and the desirableness of a place in it; who tell us that our services are little appreciated by the public; that we have more troubles, weightier labors, greater responsibilities, and fewer rewards for all than any other class of society. Against these sweeping assertions, founded as I conceive them to be, mainly in error, I protest. They are



conclusions drawn from distorted views of life, which multiply and magnify the evils that lie close around us, until they so completely overcast the mind's eye with their somber shadows that ills more remote and beyond the field of our own endeavors escape our observation and elude our knowledge.

"'Tis distance lends enchantment to the view,  
And clothes the mountain with an azure hue."

I must congratulate you too, on the time during which fortune has ordained that you shall study and practice your profession. Never before has so propitious a season offered its encouragements to the youthful devotee of the study of medicine. The mass of medical knowledge garnered and transmitted from generation to generation has been constantly augmenting and in late years with an accelerated speed, and while new truths have been added, errors of the past, hallowed perhaps by the sanction of great and honored names, have been rigidly interrogated and submitted to the crucial test of unbiased observation, and falling before it, have been discarded; the pathology of some diseases, until recently unrecognized, has been made clear; the treatment of many maladies and injuries has been vastly improved; new remedies of marvelous power and efficacy, beneficent gifts from God to his suffering children, have been placed in your hands, and the proper uses of the old have become better understood. Of a truth it may be said, "Other men labored and ye are entering into their labors." Then too, the standing of the profession in the Republic was never so exalted as at present, or its essential necessity to the best interests of society so fully recognized. In the dull and long monotony of peace, men had come to receive the benefits that flow from the knowledge of Medical Science without appreciating fully their magnitude, or the source from whence they came; but the tread of martial hosts and the din of conflict soon awakened them from this listlessness. When vast armies were assembled people were not long ignorant or unmindful that it was disease and not the sword that was the great reaper in the human harvest of war,

and when we witnessed our many battle fields, encumbered with the torn and shattered forms of those noble men who had given themselves with a prodigality, cheerfulness and devotion unparalled in the annals of nations as a "living sacrifice" for their country's good, our sympathies were aroused and we felt under a deep sense of obligation to extend to them every aid and solace in our power. Here was a real emergency in life; it was not the vapors of imagination or affectation; it was not the complainings of the idle or luxuriant; it demanded something more than *adaptandum* phrases, simple smiles, obsequious attentions, and sweet-scented nothings; here was a manly work to be done; it had to be squarely met; it would tolerate no trick or subterfuge; it was the trial by fire that should sift those who had knowledge and power from charlatans and pretenders. Where did the nation turn in this pressing exigency? Where could it but to the Mecca of true science? Who thought of committing to any of the fungi, the barnacles, the parasites, that shelter themselves beneath the shade of legitimate medicine, the safety of the nation, as bound up in the physical well-being of the soldiers whose stout hearts and strong arms bore aloft amid the smoke and carnage of battle the beloved banner of our fathers and of us, whose stars have illuminated every bright page in our nation's history? Few even of the dupes of these delusions. And it is a source of pride to members of the profession, and of congratulation and joy to every citizen, that the Medical Staff of the army acquitted itself so nobly in this trying and supremely responsible position.

For a time after the war broke out we were afflicted with a set of men who constituted themselves the critics of its conduct, who felt an overshadowing consciousness of their own capacity; men who had never looked upon a regiment of soldiers or stepped across the threshold of a hospital; who had never studied the art of war or the Science of Medicine. If the army moved, or was inactive, it alike received their censure. They usually represented our generals as besotted, or

imbecile, or disloyal, and ever predicted that we should only meet disappointment and discomfiture until something of their wisdom should be infused into the conduct of public affairs. But it was upon the medical staff of the army that these persons most delighted to make disparaging comments, and they seemed never to tire of drawing on their imaginations for descriptions of the total unfitness and heartlessness of the army surgeons. But this has changed now; the war has taught us lessons of wisdom; the self-assurance of many is less arrogant; fragile bubbles have not withstood its shock. The deeds of those of the grand army whose mission it is to destroy, as exhibited on scores of well-fought fields, have stifled the stupid cavailings of these censorious meddlers, and the aggregated reports of the medical staff, whose merciful mission and labor it is to save life, and not to destroy, to assuage pain and not to inflict, have placed the Medical Department of the Army safe in the confidence and attachment of both army and public, and high above the levity, or malice, or ignorance of these trifling and ill-natured critics. It is not an exaggeration to say that no army has been more ably and faithfully served by its medical guardians than ours has been, and its marvelous efficiency has been due, in no inconsiderable degree to this cause. Reflecting upon this, I cannot repress emotions of pleasure when I consider the part the alumni of the Rush Medical College have sustained in this work. From all over the Northwest they have pressed into the service with patriotic fervor, and their record in camp and field has filled us, their former teachers, with pride and made us their debtors. All honor, I say, to every surgeon who has taken upon himself the dangers, the labors and sacrifices incident to this holy work; and you may remember that something of this glory will be reflected along your pathways, and it is more than likely, too, that in other wars, if not in this, you may be called upon to sustain in the field the reputation acquired by the army surgeons now in service; for his faith must be both strong and blind, that shall look in this generation for the

promised period "when swords shall be beaten into plow-shares and spears into pruning hooks." The present too, is a favorable time for entering the profession on account of the increased demand for medical men that has been induced by the necessities of the war. Great numbers of physicians, long established in extensive and lucrative business, have left all at their country's call, and vacancies thus open invite your presence.

It behooves every one commencing the study of medicine to consider carefully whether he is fitted by nature for its successful prosecution, and if he is not able to answer this question affirmatively to his own mind, then it is the part of wisdom and duty to abandon at once all thought of attempting so difficult an undertaking. The *highest excellence* in the profession demands the richest endowments with which nature in her most prodigal moments clothes the human mind. The apprehension must be ready; the reasoning powers good; the judgment correct and rapid; the memory tenacious; and that all these may be quickened into vitality, the mind must be so constituted as to *love labor*; there must be a steadfastness of purpose that pursues its object in the face of every obstacle, with unflagging energy and unremitting zeal; and all these endowments should be permeated and cemented by a congenial nature, and the breast should be strong with chords attuned in harmony with the vibrations of hope and joy, of apprehension and sadness, that in all times and in all circumstances emanate from chambers where sickness and death hold sway. Without probity and truth; a character above the petty and trivial vices too commonly inhering in human nature; a nice sense of personal honor, which is at once the brightest ornament and the most secure protection of the mind by which it is shielded and adorned, there is no hope for a really exalted position in the profession of medicine. Without these, it is true, some may *appear* to be successful, but it is a *seeming* and *fictitious* success, not *real*; their gilding is exterior, and the interior of their characters is neither to be admired nor

commended. They are "like unto whited sepulchres, which indeed appear beautiful outward, but are within full of dead men's bones and of all uncleanness." If, after a careful self-examination, you are satisfied that nature has given you qualifications sufficient to enable you to take an honorable place in the profession, and having "put your hand to the plow," do not look back, nor suffer yourselves to be swerved from the purpose of your sober judgment by the labors that surround, the obstacles that oppose, or the vexations that annoy you. The aspirations of the morning of life may be sufficiently elevated, the objects desired and sought may be worthy, and the resolution to persevere unto the end may seem well fixed, but as we go forward to the accomplishment of our purpose, unlooked-for opposing forces are found in our way, annoyances we did not anticipate are thrust upon us, cares vexations and burdens, as incidental to the full sunshine of prosperity as the shadow is to the substance, are multiplied or magnified, distant hope is obscured by closely investing clouds, and with a faint heart we retire ingloriously from the field before the battle is well begun. You should always avoid being influenced unduly by what is near and transient, and to govern your actions by the immutable truths, discernable enough, but which may lie beyond the range of easiest vision.

Remember that obstacles if attacked with vigor, judgment, and perseverance, are generally less than they seem, and that "lions in the way," are oftener imaginary than real. While then you devote yourselves manfully to the allotted task before you, you should be inspired by a single purpose, and that the acquisition of medical knowledge. A jealous goddess presides over our time-honored science, who grants favors to no suppliant who brings to the shrine divided affections, and we scarcely need the wisdom of inspiration to know that "no man can serve two masters." An honorable place in the profession will demand of you a lifetime of labor, both mental and physical, for such is the inevitable price for which the reward is bestowed, and if you suppose it may be attained through a

life of easy indolence, the sooner you are undeceived the better; and if you are not determined resolutely to assume its labors, you had best seek some easier occupation, as another profession, some of the mechanic arts, trade, commerce or agriculture.

Consider what will be demanded of you—the varied knowledge that will add to the intelligence and success with which you will treat disease. The disciple of medicine must know both the physiology and pathology of nature—he must trace as well as he can the causes that assure health or occasion disease—he must learn the action of matter upon matter within the human economy, and this both under the influences of the vital forces and pathological action—anatomy should be so familiar to him, that he shall know the position and relative location of nerves and vessels as he does the streets and walks of his native village, and of important organs as the different apartments of his own dwelling—remedial agents must be closely studied, their action observed and the circumstances, time, and manner for their proper employment well understood—each disease is to be so carefully investigated as to be readily and surely recognized, its true pathology must be known, and its proper treatment comprehended—the wonders of chemistry must stand revealed to the mind. No slothful life will fit one for the delicate and trying duties of the obstetric practitioner, while the higher and broader field of surgery will demand all of labor and capacity. As you come day by day to realize the magnitude of the labors involved in what I have stated, you will not at all times find yourselves above feelings of discouragement and despondency, but the sunlight of manly endeavor will dispel the clouds and shed in upon your minds rays of genial warmth and vivifying power.

Remember how much may be compassed by determined energy, patience, and industry. In the material world, man finds the high-topped hill placed by an Omnipotent hand across the pathway of commerce, and the timid and irresolute turn from it and say it is insuperable; but sturdy, intelligent



labor approaches it and smites it with steel, and little by little it crumbles beneath the steady stroke, until the light of day shines through where darkness was, and the ponderous train goes smoothly on its easy way beneath the mountain's base. So the accumulated obstacles that lie before you in the profession, seeming almost insurmountable, will in a manner that shall astonish you, succumb to patient, persistent, well-directed toil. Your collegiate course will be but an epitome of your whole professional life, for you can never properly practice medicine after you cease to be students, though your studies now and after you have entered on practice will differ somewhat, both in their scope and nature, yet they will either be but segments of the great circle, and one will be complementary to the other. I would impress upon you as of paramount importance, that in your pupilage you master the rudiments of the knowledge of your profession in the most thorough manner, for in these are its sure foundations laid. We live in a city that for rapidity of growth is the marvel of history, and the exigencies incident thereto have sometimes compelled us to extemporize what is usually done at greater leisure and in a more permanent manner. In this spirit we occasionally see tenements erected, not on foundations wrought from the stable rock, but placed only on pine sticks set upright in the earth, and ere a house properly constructed is settled well upon its base, these topple to their fall. The same holds true in the effort to erect a professional fabric. If the foundation is not firmly laid in a thorough mastery of the elements of the science, the whole superstructure will prove faulty and unstable. A proper foundation may be put down, and yet the building may not be completed from a lack of steady purpose to carry it forward, but if the foundation itself is neglected, no subsequent diligence will be likely to atone for this first omission. As to the best plan for conducting your studies while in attendance upon lectures, I can suggest to you no unvarying rules. In this, as in all things to a great extent, each must be a law to himself. While here, you will acquire knowledge most



rapidly from the lectures to which you will listen, and to the understanding and retaining of these, you should give all your efforts. Some will accomplish this best by taking brief notes in the lecture room; others by trusting to the memory, at least until they have reached their rooms, when they may fix what they have heard better on the mind by a manuscript of the more important facts. Points that are still obscure should be elucidated by reference to the standard text books. There will be some in every class who should give a constant spur to energies that a natural indolence of character may always tend to lull into inactivity and repose, and yet on this point my observation of classes of medical students leads me to inculcate upon you the necessity of diligent and hard study, with some degree of reserve, for it is not unfrequent that the ardor of youthful hope and generous endeavor, require to be repressed within narrower limits rather than to be stimulated to greater exertions. It is by no spasmodic efforts of overtasked powers that you are to acquire knowledge or to achieve success, but rather by such as are easy and long sustained. If you would accomplish most during the lecture term, look well to your health, and do not place too great a weight on your physical powers. Your attendance on lectures and your anatomical studies will be very laborious, and to fit yourselves properly to meet this effort you should be careful to take your regular rest and a full measure of it. Late hours are pernicious to health, and consequently to the rapid scientific progress of students. Do not be misled by the long fashionable talk about the "midnight oil," for adequate rest is better for you than unseasonable midnight oil, and has been indulged to the full requirements of nature by those in all time who have made the most of life, and who have left enduring footprints upon the earth in their beneficent works. You will profit little by sleepy vigils over your text books, and you will unfit yourselves for your duties in the lecture room, where you should bring a clear head and active faculties. Take proper exercise in the open air, and nourish and support your bodies well.

Melancholy memories of the last session have led me in this train of thought and impressed these convictions more deeply on my mind. We then saw one of the most promising of our number cut down untimely from among us, in the very spring-time of a hopeful life, by a disease aggravated, if not induced by a too laborious confinement to his studies. 'Twas "Science" self destroyed her favorite son." Do not however from what I have said, take license to squander your time in idleness, or dissipate it in pleasure, when neither rest nor recreation is required.

You will pardon me if I point your attention to a danger that may be as obvious to you as to me, which has been the frost that has blighted numbers of the most promising buds of hope the profession has ever nourished, whose early hopes have ended only in disappointment and sadness. I allude to the practice of insobriety. Against its malign and seductive influences you cannot pledge yourselves too strongly, or be too vigilant in keeping beyond the reach of danger, and this will never be more imminent than when released from the restraints of home, and exposed to the allurements of a city and the convivialities of college life, and you are fortunate if any who cannot recall to your minds mournful examples of the blight and ruin that follow in the train of the practice of this vice. You may be reflecting that as yet I have promised you nothing as incidental to your professional career but labor, anxiety and vexation—that its responsibilities will not be less than appertain to any private station, inasmuch as you are to hold the health and life of your patrons in your hands, subject to the skill and knowledge you shall possess, and influence in no small degree both their finite and infinite interests—and you may be ready to ask what shall repay for all this? To this I would answer, the rewards are as adequate and certain as are found in any of the pursuits to which man lends his efforts. I would not have those just starting off on the active duties of life, whether as physicians or in any other walk, to expect too much. Inordinate and unreasonable hopes, im-

planted in the minds of multitudes of youth, have exerted upon them only a baneful influence, serving to cover them with disappointment and fill them with dissatisfaction at their lot and station. The young man just entering some college or academy, the better to perfect his education, is told by his partial parent, and over-zealous teacher that there is no station he may not hope to fill—that the Presidency of the Republic—which they usually represent as the most desirable of all sub-lunary things—does not lie beyond the bounds of his reasonable ambition, and all this is confirmed by the citation of servant boys and rail-splitters who have achieved this elevated position. He is never permitted to forget that every man is the “architect of his own fortune,” and “*can be what he wills to be,*” and he is always instructed to “aim at the sun,” not it is true in any hope of hitting that luminary, but that he may reach higher than if his aim is some more humble object. This is not the custom of the best marksmen, they do not calculate all the nice chances of the loss of momentum, but ever hold level on the target, and if it is beyond the range of their piece they provide themselves with one of greater capacity, or go nearer. I would have you apprehend what lies within the compass of your reasonable hopes—what you have a right to expect—that you may put forth suitable efforts to attain this, and securing it, therewith to be content. You every one expect to reap success in your profession, else you would not assume it—but what is it to be successful? You cannot *all* reasonably expect, the *most eminent* success. You may seek it, and approach it as nearly as may, but do not be disappointed if you do not attain it, or conclude that therefore your lives have been failures.

There is only room in society for a few *great* men, as there is only room in the forest for a few trees of the most ample girth and towering and wide-spread branches. Numberless oaks, springing at the same time from a generous soil all promise equally well—but one will overshadow and dwarf the rest, and no wisdom can divine in the early race which shall

be the giant and which the pigmy. Nor is the most exalted position necessarily the most desirable. It is the tall oak that first feels the lightning and the blast, while the humble and sheltered are comparatively secure. The same holds true in the social race and amid ambitious strife.

“He who ascends to mountain-tops shall find  
The loftiest peaks most wrapt in clouds and snow ;  
He who surpasses or subdues mankind,  
Must look down on the hate of those below.  
Though high above the sun of glory glow,  
And far beneath the earth and ocean spread,  
Round him are icy rocks, and loudly blow  
Contending tempests on his naked head,  
And thus reward the toils which to those summits led.”

What you have a right to expect from your professional labors, and what you may nearly all attain, is this—and if you reach it endeavor to be satisfied therewith, and do not embitter your lives by sighing for positions that you see others occupy, which may be less felicitous than you suppose them to be. If you practice your profession conscientiously and intelligently, you will have the satisfaction of knowing that you have done something to mitigate the ills that afflict the race, and when your labors are over, you will look back upon a world made better and brighter by your sojourn in it. A place in the profession will enable you to make your social position one greatly to be desired. You may each of you be trusted, respected and beloved in the community in which you live, and into a large number of households may you come, on terms of closer intimacy and friendship than is permitted to any other person outside of the family circle. The privilege of ministering to the afflicted and relieving their distress is necessarily involved in the physician's duties, and sentiments of esteem and attachment cannot be otherwise than engendered thereby.

The practice of medicine not only gives suitable time for mental culture, but if properly pursued, *absolutely compels* it, while its duties intersperse an agreeable and salutary amount

of physical effort. If opportunities are improved by the physician no man should possess more general information than he, and this in itself is a source of ever-present pleasure. To no other class are the secret workings of the human mind so constantly displayed, for before the physician it daily stands, absolutely unmasked. A place in the brotherhood of medicine will enable you at all times to command for yourselves and families the best professional care in sickness, a matter of no small moment. They will be safe in your own hands, or if you are obliged to assign them to the treatment of others, you will be able to form an intelligent judgment as to who is most competent to the trust. The practice of medicine will bring you a desirable pecuniary reward. It is true you will not be likely to amass great wealth by it, nor will you in any pursuit in which you may be so certain to arrive at a competency. The few who acquire large fortunes usually do so in those employments in which failures are numerous, and where great pecuniary risks are incurred. I know this is an object that is not usually held out to medical students, for they are generally taught that the duties of benevolence pertain above all others to the profession of medicine. I cannot see any well-grounded reason for this sentiment. That its members render in charity, of time and labor a greater proportion than any other class of society is true, and this because they are brought much in contact with their fellows in conditions of great suffering and want, and the patient, uncomplaining manner in which they minister to the necessities of such, without any hope of reward, save the silent commendation the conscience brings, reflects upon the profession its highest honor. The sum of gratuitous service thus cheerfully performed seems little appreciated by the public, and indeed it can only be realized by those by whom it is rendered. This benevolence is worthily bestowed, and is rendered, comparatively easily by the medical practitioner, for those who assume this profession are usually men of kindly feelings, and their daily association with the afflicted, and their efforts to abate their sufferings,

quickens their sensibilities, and warms their sympathies, instead of chilling and dulling them as many erroneously suppose. I would not curtail, I would not repress the honorable impulses of the profession in this direction, I would rather encourage and promote them. But the great body of society lies beyond the limits which demand your charity, and from these you have a right to ask, and reason to expect, an ample pecuniary remuneration for the labors you will perform and the responsibilities you will bear. I would not enervate the profession, by taking from it the stimulus of the hope of reward, in which rests the vitality of every enterprise. In the pursuit of these objects do not be discouraged by difficulties—for it is conflict with these which attests and develops true manhood. It was the bearing of the army after a bloody and disastrous repulse from an assault on the works around Vicksburg, which extorted from its commander the highest commendation. Alluding to this, Gen. Grant, in his admirable report to his superiors in command, of the events that culminated in the capture of this city, says: "The assault of this day proved the quality of the soldiers of this army. Without entire success and with heavy loss, there was no murmuring or complaining, no falling back nor other evidences of demoralization." This is the spirit through which ultimate success is most surely attained. Though a single assault should prove unsuccessful do not, therefore, fall back or murmur or become demoralized. Do not expect to accomplish all this too soon. Reflect that it is the adequate work of a lifetime, and because you do not compass it in one year, or five, or ten, do not therefore lose heart, and trifle away your lives in futile efforts to achieve it by some dishonorable expedient as many have done. If prosperity attends you, though it be slow, pursue it with diligence, and remember that the race is not to the swift so often as to the untiring.

What I wish for you is, that from this point you take a comprehensive view of life, and so design it, and frame it, and build it, that it may become a stable, harmonious, perfect whole.

Make the foundations of your professional knowledge sure by mastering in your student life, the elements of the science ; keep your moral characters unspotted ; imbue yourselves with the spirit of true gentlemen ; cultivate a sense of honor that will permit you to do no unworthy act ; fix and adhere to the resolution to make your lives those of steady diligence ; for by these means only will you become an ornament to your profession and a benefactor to your race.

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## CLINICAL LECTURES ON DISEASES OF THE EYE.

By E. L. HOLMES, M. D., of Chicago,

*Lecturer on Diseases of the Eye and Ear in Rush Medical College and Surgeon of the Chicago Charitable Eye and Ear Infirmary.*

### INTRODUCTION.

GENTLEMEN :

In entering upon a course of clinical study of the diseases of the eye and ear and their treatment, it may be well for you to spend a few moments in considering what advantages you are to derive from the time and labor such a course demands.

To a class of young men, who are pledged, as it were, to devote their whole energies and strength to the search for the means and the opportunities of relieving and preventing human suffering, it might seem more than useless to waste time in considering these advantages, almost self evident ; for who among you cannot fully weigh the inestimable value of the delicate organ we propose to study ; who can fail to appreciate the terrible condition of the unfortunate blind, doomed to grope their way through a life of darkness ; who would not feel the deepest interest in seeking the means of restoring such sufferers to the light of day ?

And yet, gentlemen, the restoration of the blind to sight,



noble and crowned with brilliant success as the efforts for such a result sometimes are, is not practically a subject of the greatest importance for your consideration at this time. It is without doubt of more importance for you to seek the means of preventing blindness by the judicious treatment of very many diseases which too often, if neglected or improperly treated, result in total or partial loss of sight; or, at least, although they scarcely attract the notice of the casual observer, bring with them much pain and unhappiness, and render their victims unable to perform the common duties of life. Such patients are among the most pitiful objects that come to us for aid and advice.

One would naturally suppose, in view of all this, that so important an organ as the eye, which in every community, especially in the Western States, is subject to a great variety of diseases, would excite the interest of every student about to commence the study of medicine, and of every practitioner in active business, meeting, as he does, numerous and sad examples of these diseases.

But this is not the case. Little has hitherto been done to encourage the student to secure a knowledge of the diagnosis and treatment of Ophthalmic disease; even practitioners usually neglect the study and too often confess not only their ignorance of the subject, but also their dislike to treat patients afflicted with diseases of the eye. Do not misunderstand me. I do not wish to come before you to criticise flippantly the course of study, which has been followed by nearly all the eminent members of our profession of the past and present, and which, all circumstances considered, has been deemed by our most distinguished teachers of medicine in our country the most practical which the student could pursue. I would scarcely venture to dwell upon the neglect of Ophthalmic science on the part of so large a proportion of our profession were it not that the neglect is almost universally admitted.

Few can estimate the extent of evil arising in every community from the ignorance of medical attendants in the treat-

ment of affections of the eye. No small number of patients in this State alone are yearly doomed, from this cause, to long agonizing sickness, terminating in blindness or irreparable diminution of sight, which renders them more or less dependent for life upon others for support, and which increases pauperism and ignorance and even vice among our populace. Fortunately, the consciousness of this ignorance and the painful prevalence of the evils, of which I have just spoken, as its result, have awakened an almost universal desire that better opportunities should be provided for the student to pursue a systematic course of clinical instruction in diseases of the eye. Already, in several cities of our country, greater facilities for this study are afforded the student, and in a few cases lecturers on Ophthalmology have been appointed in our medical schools. In many of the most celebrated medical colleges of Europe, Ophthalmology has long been the subject of special instruction. Teachers eminently qualified for their positions are appointed, and the student is not only encouraged to pursue the study, but is obliged to pass a special examination in this department of medical science, previous to taking his degree.

Now, gentlemen, I only wish to present to you the claims which Ophthalmology has upon you for your most earnest attention—not to set it above other branches of our science.

You are expected to prepare yourself creditably for the active duties of your profession, whether it be in the management of general surgical and medical diseases, or of the lying-in room. Whether you prepare yourself or not for the treatment of diseases of the eye, the public, except in large cities, will turn to you for advice in cases of disease of this most beautiful and most important organ. You will probably, in general country practice, be called far oftener to treat diseased eyes than to reduce a dislocation, to adjust a fractured limb, or to treat a case of typhoid fever or pneumonia. It must not be imagined that practitioners, who are eminently qualified to perform their duties as surgeons, as physicians, or as obstetric-

ians, are able, as is sometimes said, from a knowledge of the general principles of disease, to understand and treat diseases of the eye. Ask any of your friends who have had an experience, however long, in the general practice of medicine, if they are willing to trust their judgment in the diagnosis and treatment of diseases of the eye; they will invariably tell you no, unless they have had especial opportunities of observing the course of such diseases. While diseases of the eye have their analogues in other organs of the system, it requires long study and observation to acquire skill in recognizing the progress of disease in the different tissues of so delicate an organ.

Therefore, I repeat, those of you who intend to practice in the country, owe it as a great duty to yourselves and your patients to be prepared to treat ordinary diseases of the eye. And, I repeat, you will meet with inflammatory diseases of the eye in many parts of our country more frequently than that of any other organ. I have been informed by several intelligent practitioners, that ophthalmic diseases form, at certain seasons of the year, nearly a quarter of all the cases to which they are called. And I would ask, in reference to the relative importance of this subject, who would not prefer to carry through life a crooked limb as the result of ignorance in the treatment of a fracture, than from a similar cause, to pass his days with injured if not extinguished vision. I have seen sad results from neglect and ignorance on the part of the attending surgeon in the treatment of quite a large number of fractures. But sad, as some of these cases have been, I must say no one of them can equal the terrible calamity, which I have often seen, borne for life by the poor victims of improper treatment of diseased eyes. I do not wish you to study any department of general surgery or medicine the less, but to impress upon your minds the duty you have of preparing yourselves for treating ophthalmic disease more than students usually have done.

I wish to ask your attention to what I conceive to be just

views, regarding specialists and specialties, as considerable prejudice on this subject exists in the minds of many men, eminent in our profession, especially in this country. In Europe the prejudice exists to some extent, but is fast yielding to an enlightened appreciation of the demands of modern science. The science of medicine is already too broad for the general practitioner, occupied by his active duties, to be thoroughly educated in every branch. What member of our profession, however studious he may have been, is there, whose judgment would be reliable alike in difficult cases of surgical, medical, obstetric and ophthalmic practice? To whom in our large cities or in the country do even our best educated general practitioners turn for advice, in cases of diseases of the skin, of the chest, of the eye and the ear, of insanity and syphilitic disease? Most certainly to those who have thought most on these respective subjects, who have studied them most and have had the best opportunities to observe the largest number of cases. Even those who are most prejudiced against specialists, in spite of their prejudice most naturally turn to the same class of men for counsel. They cannot deny that the standard authority in each of the departments of medicine and surgery are the works of men, who are specialists in their respective department.

What medical works do the teachers of our medical colleges place in the hands of their students as text-books, or as authorities for subsequent study and reference, but these, prepared by men, who have concentrated their principal efforts of mind upon one class of subjects?

Gentlemen, our science, like every science, is simply a knowledge of facts, and all progress in science consists in the discovery of facts; and the discovery of facts, important facts, is one of the most difficult tasks required of the human mind. As far as I know, in every branch of our studies, ophthalmology as well as general surgery and medicine, facts have been established by the labor and observation of those who have made a special study of the diseases of particular organs.

The same individuals who seem most opposed to specialists, are practically, to a certain extent, compelled to acknowledge the advantage of making a special study one subject of disease or one class of diseases.

And I apprehend, few men in our profession are really opposed to the scientific pursuit of specialties. The prejudice has undoubtedly its origin and support in the fact that the character of so-called specialists, has almost universally been unworthy the noble profession they have entered; they have been unprincipled and ignorant charlatans, who make the public journals a medium by which they spread before the world their pretentious advertisements, full of false promises and impudent arrogance, which are listened to by the afflicted, who, as a result of their misplaced confidence, are not only ruined in health, but robbed of their limited means of support.

Such pretenders are usually as ignorant of the diseases they profess invariably to cure, as they are unscrupulous in their means of extorting money. Whenever, gentlemen, you read in the public journals, the extravagant advertisements of those who profess to possess extraordinary skill in the treatment of the diseases of any special organ, be sure the author of the advertisement is dishonest: his sole aim is to prey upon the means of the suffering and afflicted, to secure which he will trifle with the lives and health of his unfortunate dupes.

To a certain extent, the profession is responsible for the existence of so much charlatanry, especially in treating diseases of the eyes. Were physicians generally less ignorant in the management of even ordinary diseases of the eye, the public would place more confidence in their judgment, and would certainly listen less eagerly to one class of impostors, traveling oculists.

No one, however, even those most scrupulous on this point, can object to the course adopted by some of the most distinguished writers in our profession, who, after preparing themselves carefully in every department, have chosen one to which they have subsequently devoted their time and labors. It is

undoubtedly true, that no one can be so well fitted for the most satisfactory study of special diseases as one who has well studied disease in general, as the student, whose preparatory studies have embraced a wise course of language, literature and science, is best qualified to commence the study of general medicine and surgery. So, gentlemen, if any of you intend to make diseases of the eye one of the principal studies of your life, let me earnestly advise you to pursue with diligence every branch to which your Professors invite your attention.

We are about to enter upon the study of one of the most interesting and yet neglected subjects in the science of medicine. It embraces the anatomy, physiology and pathology of the eye, with all that is known of the beautiful laws of light. The field of study is a wide one—wider than the most of you probably imagine.

The present course, from circumstances which you all understand, must necessarily be somewhat limited in scope. But I shall feel that I have accomplished much, if I can so interest you in the subject, that acquiring such grains of knowledge as you may be able during the coming term of study, you will hereafter continue your labors and perfect yourselves in all that pertains to the treatment of the diseases of the eye.

A few words in regard to text-books. I am sorry to say that in English there is not a single text-book containing all that is known at the present time of the anatomy, physiology and pathology of the different tissues of the eye. From time to time, as we study the different diseases, I will call your attention to the best authorities. But let me allude especially to the writings of Graefe, of Berlin, and Donders, of Utrecht, in Holland.

The best general works for study and reference are, perhaps, in German, those of Stellwag and Arlt; in English, those of Lawrence and Mackenzie. Possibly, in view of your present limited time for study, the smaller handbooks of Dixon and Williams, although very superficial in some highly important points, may serve your purpose for the present better than any works you can readily obtain.

I would especially call your attention to the *American Journal of Ophthalmology*, edited by Dr. Homberger, of New York. This journal will inform you from time to time of all important advances in the treatment of diseases of the eye. It will give you reviews of new works and translations of valuable monographs. The first volume, just completed, contains a translation of Graefe's monograph on Acute Conjunctivitis and the use of Caustics, which alone, to those of you who cannot obtain the original article, is worth more than the cost of the volume.

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### CAMP DYSENTERY.

By JEHU LITTLE, Ass't. Surgeon 24th Mo. Vols.

For the last two months I have eagerly searched all the medical journals of recent publication that came within my reach, hoping to find something new in the pathology and treatment of dysentery, but I am sorry to be compelled to say that not a single report or article from any quarter concerning this interesting theme has met my attention. Perhaps this is because productions emanating from the pens of army surgeons seldom find their way into the columns of the journals, or the disease does not prevail to any extent in civil practice during the present year. But few complaints are more common and inveterate in military practice than this; east and west, north and south, summer and winter, in hospitals and in the field, it exists in some form or other, to harass and perplex; and surgeons in changing from one field of labor to another are sure of this, that whatever other disorders they may have to combat, dysentery will come in for a large share of their time and consideration. I do not entertain a doubt, from what I have seen and heard in more than two years' service, but that one-third the deaths and discharges that are



continually thinning the ranks of our army are directly occasioned by this one disease. Everything the books say upon this topic has been read and re-read, all the plans of treatment described carefully resorted to, and yet there is a general dissatisfaction with results and an earnest and perpetual seeking for something new and a hoping that a surer mode of managing this terrible enemy to our brave soldiers may be discovered and made known at an early day.

Our brigade of twelve hundred men has been stationed at Union City, Tennessee, since the first of last August, and during this period about two hundred men have been treated for dysentery, an equal number for diarrhoea, forty for intermittent fever, mainly of the tertian type, eight for remittent fever, two for pneumonia, twenty-five for conjunctivitis and two for typhoid fever. This is a flat country with a good many marshes, an alluvial rich soil upon a heavy clay subsoil, extensive dense forests of splendid timber of every species and variety growing in the Mississippi valley, with an abundant and luxuriant vegetation of all kinds. The water is poor and scarce, obtained chiefly from wells twelve to thirty feet deep, with wooden curbs, when walled at all. There seems to be very little mineral of any kind in this section of country. Last winter and spring months and first summer month were very wet, rain falling constantly, so that farmers and planters put in smaller crops than common, leaving a deal of land to the undisputed and undisturbed possession of rank weeds and grass; but since the first of July there has been but little rain; warm, clear, sunny days and cool, foggy nights. Fruits of all sorts that grow in our country thrive very well here, and the yield this season is quite large.

The food of the men for the most part has been the ordinary army ration issued to our soldiers everywhere, except the full allowance of fresh vegetables and beef, and vinegar has not been furnished at this post.

The every day bill of fare is strong hot coffee, salt fried bacon, heavy, hot biscuits, and coarse brown sugar. During

the greater portion of time the men have had access to lager beer and whiskey of inferior qualities, but there has not been a great deal of immoderate drinking, though the habit of taking a small quantity every day has been pretty general; and I am not now prepared to assert that those who drank most suffered greatest from the malady in question.

The duties have been of the most active and exciting, the men being on guard, picket or scouting duty twenty-four hours in the forty-eight, and in either case exposed at night with no shelter but the thick foliage of the trees, and no bed save one or two blankets, and in the meantime drilling and doing camp duty. The men comprising this brigade are old soldiers, most of them having been in the service since the autumn of 1861, have served in the States of Missouri, Arkansas, Mississippi and Tennessee, and are thoroughly acclimated and seasoned to camp life. I believe I have now mentioned every circumstance necessary to give a person a tolerably correct idea of most agents exercising modifying influences, and to enable him to judge for himself what the remote and exciting causes of the disorder are in our case.

*Symptoms.*—There is nothing new or peculiar in the symptoms worthy of naming; hot, harsh skin; dry tongue, with a moderately heavy yellowish coat and reddish about the edges; pulse a little excited and strong; urine scanty and of a pale yellow or red color; aching in the region of the kidneys; nausea and sickness at the stomach, and occasionally vomiting the contents mixed with bile; griping and pain in the umbilicus and hypogastrium; urgent calls to stool with excessive tenesmus, and nothing passing from the anus but a spoonful or two of mucus and slime streaked with blood, sometimes half blood, of the consistence of jelly; dizziness and swimming of the head, and general lassitude and feebleness are the ever present signs of this disease in its fully developed stages. A manifest and general deficiency of glandular secretion is invariably present.

*Treatment.*—I believe all authors and practitioners recog-

nize two distinct and opposite systems of treatment in the simple acute variety of this complaint, the astringent and the eliminative; but in managing the complicated varieties it becomes essential to take a wider therapeutical range and often employ agents belonging to both, and to neither of these systems. In civil practice, I almost always practiced the astringent system with good success, administering any of the most valuable and powerful of the vegetable or mineral astringents best suited to the case, and on entering the army very naturally began on this method, but with poor success, and after an impartial trial abandoned it and adopted the eliminative plan. It is very true, and worthy of remark, that the class of patients is different in civil practice to that in the army; in one case mostly children and women, and in the other all men; and then the surroundings are widely opposite.

As the disease does not come under our observation here till the third or fourth day, when it is completely established, the men never reporting themselves sick until too ill for duty, I commence at once with the most reliable remedial course of management, prescribing one of the following formulæ, the one considered best adapted to the particular case:

1. R. Ol. Ricini, ℥i; Ol. Turpentine, ℥i; Tinct. Opii, ℥iss; Fld. Ext. Ginger, ℥ $\frac{3}{4}$ . M.
2. R. Sulph. Mag., ℥i; Aquæ, f ℥iv; Arom. Sulph. Acid, ℥i; Tinct. Opii, ℥ij; Tinct. Peppermint, ℥ $\frac{3}{4}$ . M.
3. R. Pulv. Rhei, ℥iss; Pulv. Ipecac; Pulv. Opii; Sub. Mur. Hyd. aa gr. v; Comp. Ext. Colocynth, gr. vi. M. ft. pil No. X.

Shake the medicine well and give a teaspoonful of the first every two, three or four hours till the desired effect is produced, namely, free and easy operations from the bowels with no pain, tenesmus or blood, and until the alimentary canal is well purged, when a general amendment of all the symptoms will be apparent. A tablespoonful of the second is given every three or four hours and continued till all the more violent symptoms abate and a like improvement supervenes.

One of the pills of the third formula is to be taken every three or four hours till the evacuations are more copious and easy and of a billious character without any blood, or slimy appearances. I often prescribe the common compound cathartic pills, one to be taken every four hours until the wished for result is witnessed.

In the meanwhile the patient is well washed or bathed with warm water, containing potash or soda, as often as deemed proper; kept warm and comfortable, and allowed but a little bland, nutritious, and easily digested food. And I would remark in this connection, that the subject of regimen cannot receive too close attention in affections of the alimentary organs. Warm cloths, sinapisms or fomentations of hops or peach tree leaves, or bitter herbs of some sort are placed upon the bowels over the seat of pain, when there is much distress. Absolute rest in a horizontal position is strictly enjoined when the disease is at its height. When the patient is seen early, a solution of Chlorate of Potassa and Sulphate of Morphia, say one drachm of the former, one grain of the latter, and four ounces of water, a tablespoonful to be taken every three or four hours, will seldom fail to perform a cure if a few simple hygienic rules are observed.

When there is laxity of the bowels after the disorder is cured, I direct one of these pills three times a day: *R*—Sulph. Iron, Sulph. Quinia, Pulv. Ginger, *aa* gr. v; Ext. Gentian, gr. x. *M. ft. pil. No. v.* Mucilaginous drinks are freely administered during the whole course of treatment if there is much thirst, and they are excellent from time to time when there is no demand for fluids. I would by no means discard injections in treating this complaint, because in some cases their value is inestimable and they should not be dispensed with, as their timely and cautious administration prevents much suffering. When there is much irritation and uneasiness in the rectum and lower portion of the abdomen, and almost continued tenesmus and incessant demands to go to stool, accompanied with prostration, an injection composed

of eight grains of Acetate of Lead, two grains of Sulphate of Morphia, three or four tablepoonsful of good starch and two or three ounces of warm water acts admirably and accomplishes all that could be desired. The Nitro-Muratic bath and the Muriate of Ammonia, in certain cases, are efficient remedies, and their good effects are truly gratifying. When convalescence is fully established, Quinine, Iron, Brandy, Wine and good living soon restore the patient to his former health and strength; generally from fifteen to twenty days from the time he was taken under treatment he is able for duty.

Before commencing the medical treatment of any disease a correct and thorough diagnosis should be formed, and during the progress of the malady every shadow of variation and change should be minutely noted from day to day and the management conducted accordingly. The indications of treatment in Dysentery are clearly three-fold to arouse glandular secretions and expel them from the system, to quiet undue and morbid excitement, and to gently stimulate all the tissues of the organism, and the foregoing prescriptions are designed to fulfill all these indications. All violent and perturbative agents are studiously excluded and the strength of the sick is conserved as much as possible; the principles and practices of hygiene are continually kept in view and insisted upon.

I have hurriedly and roughly given an outline of my plan of treating Dysentery in the army, and I cordially and confidently recommend it to all who pursue a different mode without the satisfaction they wish, as it has proven remarkably efficacious in my hands.

THREE CASES OF ASTHMATIC ATTACKS,  
ACCOMPANYING EMPHSEMA, TEMPORARILY RELIEVED BY VERATRUM  
VIRIDE.

By GEO. WINCH, M. D., of Otsego, Wisconsin.

In the summer of 1862, Miss Mary S., aged 16, good constitution, applied to me, stating she had attacks of great difficulty of breathing, lasting from two to four days; then expectoration commenced, discharge from the lungs freely, and would be relieved. On examination of the lungs in intervals of these attacks, I found expiration equal length of inspiration, no rales. I ordered her Sulph. *Æth.* and Tinct. *Opii*, and the latter separate in full doses, the smoking of *Stramonium* leaves, and different staple anodynes and anti-spasmodics. They relieved her but little. One day, as the attack was coming on, I gave her *Veratrum Viride*, Fluid Ext., gtt. iv. It relieved her in thirty minutes. Since that time, she keeps the *Veratrum* with her, and when she feels the difficulty approaching, she takes four drops, and now tells me she has not failed in checking the difficulty since I first used it.

Case 2nd.—Mr. A. D., aged 37, applied to me soon after I began the treatment of Case 1st. For a number of years he has suffered from repeated attacks of asthma, lasting two or three days and then, as in the former case, free expectoration and relief. In the intervals, inspiration was weak, followed by a prolonged blowing expiration. The breathing laborious, but slow. Heart sounds, normal. He told me that he had used all the anodynes and anti-spasmodics that different physicians had recommended him, but they did not prevent the attack, and only relieved him slightly. As he was attacked very severely one evening, I gave him Fluid Ext. *Veratrum*, gtt. v, which he said relieved him more than any medicine

he had ever taken. In four hours he took four drops more, and the next day his breathing was as free as usual, and felt well. Now, when he feels the attack approaching, he takes five drops of the *Veratrum*, and the effect is as in the former case. Mr. D. has been a miner in California, and he tells me, eighteen months, while there, he was not troubled with the difficulty.

In the third case, the respiration was more normal in the intervals, but the attacks were frequent and severe, and relieved by *Veratrum*.

The pulse, in the first and second cases, beat ten or fifteen times less after using the medicine than before using it, at which time it was little above its normal standard.

I will say nothing of its action theoretically; but the clinical fact can be proven at any time by the patients.

### A CASE OF TREPHINING.

By T. WILKINS, M. D., of Greenville, Bond Co., Ills.

Samuel T. Bryant, 27 years of age, and belonging to the service of the United States, was temporarily remaining in this county. On the 18th of June he was wounded by the breech-pin of an old musket, which was blown out when he fired it and struck him in the forehead, near the median line. On one side, the skull was depressed near the half of an inch. The mind was undisturbed, and when I saw him, five or six hours after the accident, he had recovered from the shock. This being his situation, and the fatality so great after the operation of Trephining, I concluded not to interfere in this way without urgent necessity. One eye was so injured from the explosion and the powder, that it was lost beyond redemption. After being cleansed, this and the wound of skull were



dressed with simple warm water dressing. Morphine, in moderate doses, was given to quiet.

June 19th and 20th.—Rests well. Continue treatment. The case continued much the same till the 29th, when he became feverish and delirious, when blood was taken from his arm till an impression was made on the artery, and the following was given: R. Morphine Sulph., gr. ij; Hydr. Chloride, gr. vj. Mix and divide into vj equal doses. S. One every three hours.

June 30th.—No particular alteration in the case. Continue Morphine, and determine to operate as soon as possible, but could not do so until next day, July 1st, when sufficient integument was turned back to enable me to place a small Trephine on a sound portion of the skull. After removing a small crescent shaped piece of bone, I was enabled to remove the fractured portions. Of these there were not less than a dozen, broken in all shapes, and the inner ones pressing on the dura mater which was not broken. After the operation, there was a breach  $1\frac{1}{2}$  inches long by  $1\frac{1}{4}$  wide extending to the orbit of one eye and including a part of the median line. But little blood was lost.

The brain was throbbing with life, and after cleansing a compress and bandage only was applied. From loss of integument it was impossible to close the wound as advised by authors. Indeed, with due deference to their opinion, I think the wound ought to be left open. There is far more danger from pent up pus causing inflammation of the brain than there is of the contact of the air.

Before the operation brandy was given, after which he was placed under the influence of chloroform, and, to digress a little, allow me to say, I never give chloroform without first giving an alcoholic stimulant, and no untoward symptoms ever follow in my practice. For the time being, it keeps the heart and arteries in motion. One of your correspondents gives it as his opinion that death (after Anæsthesia) is caused from heart clot. If this be true, it explains the advantage of alcoholic stimulants in such cases.

To return, the delirium soon began to leave my patient after the operation, and in about two days he was again rational. Three large abscesses formed on him, one on the neck, another over the deltoid muscle, and the third over the supra scapular muscle. Several weeks after the operation he took erysipelas, which extended from his face and neck over a large part of his body. This all left him. He then took a catarrh, but has since become able to go to his brother, Dr. Bryant, who practices in Sycamore, Illinois. During the whole of his treatment (after operation) he took large doses of morphine whenever there were symptoms of irritation. His safety, so far, I think, to a great extent may be attributed to this article. Tonics and other articles were used as indicated.

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### A CASE OF ENTERITIS—WITH OBSTRUCTION OF INTESTINE.

Reported by Drs. YOUNTZ and GOSS,

*Of New Salem, Fairfield Co., Ohio,*

AND COMMUNICATED WITH REMARKS BY

TOM. O. EDWARDS, M. D., of Lancaster, Ohio.

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Was called to see Mrs. Kagy, Oct. 12th, and found her vomiting a bilious fluid, complaining of great pain over the umbilical region, slight tympanitis, with furred tongue, and pulse contracted. Gave her 3 grs. Sub. Mur. Hydr. with  $\frac{1}{2}$  gr. Sulph. Morphine, every 3 hours, and ordered sinapism to stomach, to be followed with hop poultice.

13th.—No improvement; patient still vomiting at intervals of 3 hours; bowels more tympanitic; pain more intense, and no action on bowels. Gave her 7 compound Cathartic pills and ordered a dose of oil and turpentine if no action in 6 hours—continued sinapism and fomentations

14th.—No amelioration of the symptoms; bowels more swollen; some difficulty in urinating; vomiting continues as before; great tenderness over the entire abdomen. Gave her Hyd. Sub. Mur., grs. v; Dover's, grs. iij; every 3 hours, and ordered the bowels distended with enemata every hour.

15th.—Found symptoms all aggravated; vomiting purely stercoraceous matter. Gave her croton oil, 2 drops every hour, until she had taken ten portions; also continued fomentations with enema of oil and turpentine.

16th.—No improvement in the case. Stercoraceous vomiting still continues. Abdomen very hard and distended. Countenance still good, with very fair circulation, and skin natural. Left her on Sub. Mur., grs. x; Opium, grs. ij; every 3 hours. Ordered sinapisms to be followed with hop poultice, and continued the use of enemata composed of castor oil, turpentine and milk, every hour.

17th.—Met Dr. Tom. O. Edwards. Ordered Cal., grs. 20; Opii, grs. iij; every three hours. Epispaetic over whole abdomen.

18th.—Met Drs. Edwards and Prof. Blackman, who was in Lancaster.

19th.—No change in symptoms. Same treatment continued. Stercoraceous vomiting once in 26 hours. Well controlled.

20th.—Found patient very restless, constantly tossing about in bed, with manifest anxiety of countenance. Still no sleep. Increased Opium to grs. vj.

21st.—Found patient very listless and languid; extremities cold; small pulse, with great anxiety of countenance; refuses to take any more medicine, but vomiting stercoraceous matter, finally prevailed upon her to take some. Continued use of Calomel and Opium; vomiting freely of same matter. Found stricture in rectum forbidding introduction of the enema pipe—overcome by finger.

22nd.—No change since yesterday. Gave her 15 grains of alum every 3 hours, and ordered fomentations over blistered surface continued.

23rd.—Found the tympanitis subsiding, countenance more hopeful; extremities warm, but still no action on bowels; vomiting ceased. Saw her again at 9 P. M., said she felt like having an action on bowels. Distended bowels freely with tepid water enema, which was followed in about ten minutes with a very free discharge, consisting mostly of Scybala. Repeated the enema in about fifteen minutes with like result—after which the distension of the bowels subsided rapidly; the patient felt easy and sunk into a fine calm sleep. Ordered the hop poultice continued, and left her for the night.

24th.—Found our patient easy and comfortable—told us that she had two more motions of the bowels attended with a very unpleasant smell. Complained of slight pain in bowels; tongue red at tip. Ordered a dose of oil with a teaspoonful of turpentine, and the hot fomentations continued.

25th.—Found Mrs. K. sitting in an arm-chair feeling very comfortable, having just eaten a very respectable breakfast. She had three operations on the bowels during the preceding night. Ordered nothing but quiet.

26th.—Dismissed the case for want of any further indications for treatment.

REMARKS.—Did the alum act on the contractility of the muscular coat of the intestines—or was this a *post hoc ergo propter hoc*? Enemas were most industriously used by aid of pipes reaching far up in the bowel. Drs. Yountz and Goss deserve great credit for their pertinacity and attention to this case. This is the second attack—the first yielding in four days—from what cause is not known. I regard the persistent use of Opii as the most successful in these cases. Yet the alum (most opportune in Cholera Pictonum and in the so-called Milk Sickness) where we have fatal distension of the bowels from the poison. The patient is now well and bore her severe affliction with much fortitude.

TOM. O. EDWARDS.

Lancaster, Ohio, Oct. 30th, 1863.

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**SELECTED.**

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**PRESSURE AT THE BOTTOM OF THE ATLANTIC.**

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Several experiments have been tried during the last few days, at the Wharf-road, to determine what effect the pressure of the Atlantic sea has upon a submarine cable laying on its bottom at a depth of  $2\frac{1}{4}$  miles. The experiments were made in Reid's large press, capable of resisting a pressure of above 10,000 lbs. on the square inch. The specimen of cable used is known as the Persian Gulf standard, having a coating of gutta-percha  $\frac{3}{8}$  of an inch in diameter. It was subjected to a pressure equal to two miles and one quarter of a mile deep, and the pressure kept on for one hour, first having been carefully tested by what is known as Professor Thompson's reflecting galvanometer.

Some people who call themselves electricians were of opinion that this enormous pressure—about 5,000 lbs. on the square inch—would force the water into the copper core, and by this means deteriorate the cable, if not quite destroy it.

These experiments have completely demolished this theory. On the contrary, when the pressure was removed, the cable was found to be considerably improved, and gave with the same instrument several degrees of improvement. These experiments will be continued during the course of the next week, upon a more extended scale, and carefully recorded.

At the present time several gentlemen wished to ascertain the truth of an old anecdote current at sea, that was said to be performed by an old salt, viz: he sunk a bottle of wine to a great depth in the Atlantic, securely corked, and when pulled up all the wine had disappeared and was replaced by salt water. Another story of the same kind has been long in circulation—that if you take an empty bottle, securely corked, and sink it to a great depth, it will come up filled with salt water, while the cork remains undisturbed.

In order to test the first of these theories, six quart bottles of Bass's pale ale were submerged, securely corked and wired down, then covered with Bett's patent capsules; there were also several bottles of lemonade and ginger-beer, all properly secured in the same way.

To test the second theory of the empty bottle, one was securely corked and wired, one was corked after another fashion, having a large knob left on the cork in the form of a champagne cork, to prevent it being driven in. The third bottle had a wood cylinder put inside, resting on the bottom, and reaching the cork, to give another form of resistance to the cork. The pressure was the same as before, and the time under pressure, viz, one hour.

The results were as follows:—The Bass's ale came out all sound and good, the same with the lemonade and ginger-beer. The small space left by the bottle between the cork and the liquor was filled up. With this exception all was the same. The first empty bottle the cork was driven in, and as a matter of course the bottle came up filled with water. The second bottle with the large knob was also driven in, and the bottle came up full. The third, that had the wooden cylinder inside, on which the cork rested, was driven in to a certain extent, not whole, and this bottle came up also full, showing that at these great depths no corking, however secure, will prevent the water from getting into an empty bottle, and when you send the bottle down filled and well corked, there is no danger of the liquor making its escape and being filled with another; so that the sailor must have drank the wine first, and sent the empty bottle down afterwards.

Another interesting experiment was tried to test the accuracy of Dr. Wallich's statements as regards living creatures at great depths in the ocean.

It is a generally received opinion that no living creature exists at the bottom of the Atlantic—that in these dark and silent regions of the great deep eternal silence and solitude reign, the bottom being a fine deposit of diatomates too minute for the naked eye of man.

To demonstrate this, some live carp, lobsters, eels, etc., were put in the cylinder; the same pressure (Atlantic depth) and the same time—one hour. The whole perished, and came out quite stiff, thus proving that the general opinion on this subject is correct, and that Dr. Wallich's statement wants confirmation.—*Chemical News, London.*

ON THE IMMUNITY ENJOYED BY THE STOMACH  
FROM BEING DIGESTED BY ITS OWN  
SECRETION DURING LIFE.

By FREDERICK W. PAVY, M. D.

The author referred to the communication by John Hunter "On the Digestion of the Stomach after Death," published in the "Philosophical Transactions" for 1772. In this communication Hunter notices that in occasional instances, especially in persons who have died of sudden and violent deaths, the stomach is found on inspection to have undergone solution, to the extent of perforation, from the action of its own secretion upon it. Hunter considered that this could only have taken place after death; and to account for why the same occurrence did not ensue during life, he adduced the living principle as constituting the protecting agent. The fact that parts of living animals, as shown by Claude Bernard of Paris, are susceptible of digestion when introduced through a fistulous opening into a digesting stomach, proved that Hunter's explanation does not stand the test of experiment. The author corroborated Bernard's results upon frogs, and referred to an experiment in which he had also obtained the digestion of the extremity of the ear of a living rabbit.

The view at present most generally entertained is, that the epithelial lining or mucus protects the stomach from undergoing digestion during life. This it is supposed is acted upon and dissolved, but being as constantly renewed, the stomach escapes injury. There being no longer the power of producing epithelium after death, accounts for the occurrence of the solution that may then be observed.

To test this view, the author removed a patch of mucous membrane about the size of a crown piece from the stomach of the dog. Food was afterwards digested without, however, the denuded stomach showing the slightest sign of attack. It thus appearing that the stomach resisted digestion notwithstanding the assumed protecting layer had been removed, it became evident that something besides the epithelial lining was required to account for the security enjoyed.

Seeing that the question was still open for explanation, the



following was the view propounded by the author. The existence of acidity, it was first remarked, is an absolutely essential condition for the accomplishment of the act of digestion. During life the walls of the stomach are most freely permeated by a current of alkaline blood. Under such circumstances it would appear impossible that any digestive action could be effected. There would be one condition that would neutralize the other. Acidity is needful for digestion, and alkalinity is a constant character of the blood. As long, therefore, as so free a circulation of this alkaline fluid should be maintained (and this happens to be one of the necessary conditions of life), the stomach will be supplied with a source of protection competent to afford it the security from attack by its own secretion that it enjoys.

Digestion of the stomach may be effected after death, because the blood, being then stagnant, is incapable of offering the barrier produced by a circulating current.

Experiments were mentioned in which the circulation through the stomach had been arrested during life so as to imitate the condition, as far as the stomach was concerned, that exists after death. Although this was effected whilst the process of digestion was actively proceeding, yet it was only in some cases that the mucous membrane of the stomach was attacked. On repeating the experiment, however, having previously introduced a dilute non-corrosive acid (the phosphoric and citric were the acids employed) into the stomach, the result was solution and perforation in a short space of time.

The author had expected, when he commenced his experiments, to have obtained the same result upon arresting the circulation through the stomach as occurs after death; but it became evident to him on reflection that although the circulation through the stomach may be stopped by ligatures during life, yet the conditions are not thereby rendered completely identical with those prevailing after death. There is still a circulation all around the stomach, and from the facility with which the permeation of fluids takes place, a certain amount of counteractive influence would still be exerted. By the artificial introduction, however, of an acid into the cavity of the stomach before its vessels were ligatured, the surrounding circulation became inadequate to afford the required neutralizing power, and perforation therefore quickly resulted.

It did not appear to the author that the digestion of the living tissues of animals referred to in the first part of his paper formed any valid objection to his view. In the case of

the frog's legs, he considered it might be fairly taken that the amount of blood possessed by the animal would be inadequate to furnish the required means of resistance. In the case of the rabbit's ear, the vascularity of the part being so much less than that of the walls of the stomach, he thought there was nothing unreasonable in conceiving that, whilst the one might receive protection through the circulating alkaline current, the other might be unable to resist attack. There was no comparison between the position of the stomach and that of the rabbit's ear and the question, according to his view, resolved itself into degree of power possessed by the acidity of the contents of the stomach on the one hand, and the alkalinity of the circulating current on the other.

The author concluded by adducing experimental evidence to show that pepsine was contained in the walls of the stomachs of persons who had died from severe diseases, as well as in the normal fasting and digesting stomach.—*Proceedings of the Royal Society, Jan., 1863.*

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### CRUST OF BREAD.

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M. Barral has presented to the Academy of Sciences some remarks of much interest concerning the crust of bread and the gluten contained in it. He had recently shown that, when equally dried, the crust of bread is more highly azotized than the crumb; and he also showed that the crust was more soluble than the crumb in water. M. Payen had, it is true, previously pointed out this greater solubility of the crust, and had ascribed it to the conversion of the starch into dextrine during the baking. But M. Barral's experiments show another important fact. "If," he says, "we exhaust with water an equal quantity of dry crumb and dry crust of bread, we find that the soluble portion of the crust consists of from 7 to 8 per cent. of nitrogen, whilst the soluble portion of the crumb contains only from 2 to 3 per cent. The greater solubility of the crust, consequently, depends upon the transformation which its gluten has undergone under the direct action of the 200° to 220° heat of the oven. The soluble portion of the crust is more highly azotized than the juice of meat." M. Barral added, that he was still engaged with his experiments, which he hoped would throw some new light on panification.—*British Med. Journal, July 11, 1863.*

## THE UNITED STATES ARMY LABORATORY AT PHILADELPHIA.

Since our last notice of this enterprise of Surgeon-General Hammond's, we have twice visited the laboratory, where Dr. A. K. Smith, U. S. Army, the Director, and Prof. Maisch, the Chemist, politely showed us the several departments at present in operation. The Laboratory buildings are those formerly occupied by Crew, Rogers & Crew, for their chemical works, at Sixth and Oxford streets. The main building has three stories, with a large one-story building attached, and several detached structures for special purposes. All the heating in the main building is effected by steam, except such as is performed by gas burners. A twenty five horse power engine, with appropriate boilers, is erected in a position central to the laboratory operating rooms, and yet separate. Immediately above the boilers, and deriving its heat from them, is the drying-room, which opens by a door into the mill or powdering room. In the latter there are at present two pairs of chasers, and one Bogardus' mill. Two more pairs of chasers are to be erected in a short time. Mr. Maisch informs us that he has succeeded in getting his bolting machine to operate very successfully. In this room is also the machine for making the preparations of free metallic mercury, as blue pills, mercurial ointment, etc., by shaking, as described by Dr. Squibb, except that the plan of the machine is more simple. In this room, all the fine powders, as ipecac, rhubarb, jalap, etc., are prepared, and sent up stairs to be bottled, whilst the chief occupation of the mill is in preparing drugs for percolation. Proceeding eastward from the mill room, the visitor enters the general operating room for Pharmaceutical and Chemical processes; commencing with the percolators, which are adjacent to the mill room, the processes become more chemical towards the further end. The visitor can here witness the concentration of liquids on water baths, and in stills for fluid and solid extracts, preparations of morphia, and for the crystallization of salts. The preparation of the official solutions of ammonia is conducted here also, but apart from the other processes.

The large percolators are constituted of wood, lined with tinned copper, varying in capacity from 260 gallons to 150 gallons. Besides these, vessels of smaller size, constructed of tinned iron, are in use for lesser operations. 280 pounds of

colocynth, and 600 pounds of valerian are percolated at one operation. These wooden percolators are arranged on a stage, on a level with, and connected with the mill room, so as to be easily charged. Each percolator has a manhole in front near the bottom, closed by clamps and screws, through which the exhausted material is extracted after each operation. Hanging in front of each percolator is a black-board, on which is written the leading facts of each operation as they are developed, such as name and quantity of material, menstruum, and percolate, with remarks when necessary. Along the eastern end, a range of jacketted steam evaporators are in operation, and jacketted stills. In a detached brick building, on the north side of the lot, is the room for furnace operations, including the preparation of oil of wine, which will be made in eight-gallon retorts, on sand baths. Here the oxidation and solution of metals, and numerous other operations involving direct heat, will be conducted. In the centre of the area, a building is being constructed specially for the manufacture and bottling of ether, sweet spirits of nitre, and chloroform, with a subterranean store room. Steam heat only will be used, and no light or fire of any kind allowed in the building. The apparatus for ether will be that of Dr. Squibb, described before in this journal. By thus isolating these articles, much of the usual danger of fire will be avoided. Ample space remains in the yard for extending the buildings if required.

Returning to the main building, we find the storekeeper's room next to the mill room on the first floor, and north of this, other rooms, among which are the office and Mr. Maisch's private analytical laboratory, neatly fitted up with apparatus needed in the examination of drugs and chemicals previous to their purchase, when required. On the second floor north is the sewing machine room, in which twelve girls and a cutter, operating ten sewing machines, make one thousand linen sheets daily, and pillow cases, towels, and other items required in the army hospitals. On the opposite end of the building is the filling room, where all powders, salts, pills, and other dry substances are put up in bottles for the medicine chests; and in a similar room directly above this all the various fluid extracts, tinctures, and other liquids are bottled and labelled, each kind put up by itself on shelves for temporary storage, above the counter. The work in these two rooms occupy twelve girls, besides six others engaged in washing the bottles. In the pill room, four girls are engaged in making pills. At present the common pill machine only is employed, the com-

position and formation of the mass is superintended by a Graduate of Pharmacy. The pills made are pil. opii, pil. cathart., comp. and pil. hydrarg., U. S. P.; and pil. camphoræ, et opii, pil. coleynth comp. et. ipecac, and pil. quiniæ sulph. aa 3 grs.

It should be understood that the medical supply-table for the army is by no means so comprehensive as the Pharmacopœia, and consequently the scope of operations is confined chiefly to those preparations on the list. It is intended to make Ceratum Simp., Cantharidis, and Resinæ, and, as soon as arrangements can be made, to spread adhesive plaster and isinglass plaster for the entire army. Morphia will also be made to an extent adequate to the wants of the whole army. It has been determined to manufacture sulphate of quinia; and as soon as the bark arrives this will be commenced, and the experiment of its economy made. About two hundred serons of Cinchona have been purchased.

The basement of the main building is paved with brick throughout, and is used for storing and bottling liquors, and fixed oils. Three girls attend to the bottling of liquors. The medical store wagons and panniers are filled at the laboratory, but made elsewhere. The bottles used are marked in the moulding, "U. S. A. Hosp. Dept.;" and are furnished from Pittsburgh. Each bottle of any size is enclosed in a square pasteboard box surrounded with sawdust or rice husks, and these closely packed in wooden boxes appropriately marked, and then conveyed to the storehouse at Sixth and Master streets.

All drugs are purchased on the requisition of the Director, Dr. Smith, by an order from the medical purveyor (Dr. Robert Murray, U. S. A.) to a drug broker, it being clearly understood that all purchases are subject to the inspection and analysis of Mr. Maisch.

Such is a hasty view of this new enterprise. So far, we are informed, on many leading articles great economy has attended the experiments, and all has been well done. In the sewing machine department, since operations commenced, Dr. Smith says that they have paid for the machines, and saved the Government \$1200 besides! Of course it will take a longer period to determine the actual facts of the case, but there can be but little doubt of the expediency of the measure, whilst the necessity for large supplies exists, and under the care of such earnest workers as Dr. A. K. Smith and Prof. Maisch it will receive a fair trial.—*Journal of Pharmacy.*

## THE INCOME TAX TO BE PAID BY PHYSICIANS.

The Committee appointed at the last meeting of the Medical Association of the District of Columbia have obtained the information with regard to the Income Tax, embodied in the following letter :

(Official.)

TREASURY DEPARTMENT, OFFICE OF INTERNAL REVENUE, }  
WASHINGTON, June 11th, 1863.

GENTLEMEN:—Your letter of this date has been received, and contents noted. It is asked whether an assessment for Income Tax is to be made upon collections during the year 1862, for professional services rendered during that year and previous years, and whether an estimate of unrealized, or contingent income due for services rendered in that year, ought to be included? I answer, that the assessment should be made upon all collections during the year 1862, without regard to whether the services were rendered during that or previous years. If any profits made during that year and uncollected, remain uncollected when they might have been readily realized, and with a view merely to avoid the assessment of the tax, they are to be considered as collected, and assessed accordingly; for no evasion of the liability of the tax-payer of his duty under the law, should be allowed to profit him. But merely contingent profits, uncollected, the sum not ascertained, remaining open for adjustment, are not liable to assessment.

2d. As to "expenses necessarily incurred in carrying on any trade, business, or profession," physicians cannot be allowed the wear and tear of horses, carriages and harness, any more than they can of their own constitutions, or of their health, necessarily injured in the practice of their vocation; but any incidental expenses, such as the feeding of horses, hire of servants, and such like, are to be deducted from this income.

Very respectfully,

JOSEPH J. LEWIS, *Commissioner.*



**EDITORIAL AND MISCELLANEOUS.**

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*Clinical Lectures on Diseases of the Eye and Ear.*—With this month we commence the publication of a series of clinical lectures on Diseases of the Eye and Ear by E. L. HOLMES, M. D., Surgeon to the Chicago Eye and Ear Infirmary, and Lecturer on the same subjects in Rush Medical College. Our readers who have been familiar with the occasional essays of Dr. Holmes, as they have appeared in this and other medical journals, will, we are sure, join with us in felicitation that he has consented to place the results of his large attainments, extensive practice and close scientific observation, in this permanent form.

We are not lovers of specialties as such, but when we find the cultivation of specialties based upon thorough general professional acquirement, the case is wholly changed. When our own eyes and ears become afflicted with any of the ills to which those organs are heirs, we shall ask no better adviser than Dr. Holmes. Unassuming and retiring in his disposition, it has been a work of no common difficulty for us to induce him from time to time to come before the professional public, and now we write this little notice of his professional merits, with serious apprehensions of his high displeasure.

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*Rush Medical College.*—It will probably gratify the alumni and other friends of Rush Medical College to hear that the class in attendance the present session is far larger than any other previously assembled. It has been found necessary to considerably increase the number of seats and the demand is still for more, and this demand is being promptly met by constant additions. It is now confidently expected that at the



termination of this, its twenty-first year, the College will put on a "freedom suit" in the shape of buildings capable of accommodating double the present number of students, with a commodious and spacious hospital attached, under the full and immediate control of the institution. A college hospital has become necessary, not only for the interests of the College, but for those of the city and county. The City Hospital is disadvantageously located, and during the war has been "confiscated" to the sole uses of the U. S. Government. Mercy Hospital, so called, is even more remote, and unequal, in every point of view, either to the exigencies of our city or to the convenience of clinical teaching. Practically, it is of no service save to a very limited number of students. It seems to be admitted generally that it has room enough for those at present in attendance, although it would be a mere bagatelle for old Rush. Very superior facilities are now afforded for clinical teaching by the Marine Hospital, which a very large number of the class are taking advantage of. Meanwhile the College Cliniques furnish an amount and variety of illustration fully up to the wants and time of the class, and unsurpassed west of New York and Philadelphia.

All gentlemen of the profession, both in the city and the country, are invited to visit the College whenever so disposed, and they are hereby assured that there is no Register of visitors kept in the ante-room, the contents of which will be published in the next annual catalogue.

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*Pyrophosphate of Iron and Calisaya Bark.*—The attention of readers is directed to the change in the advertisement of this very elegant and really serviceable chalybeate tonic as prepared by Mr. Sargent. In reply to numerous inquiries he publishes the proportions of the active ingredients. Our friends may rely implicitly upon the statements of Mr. Sargent with regard to this or any other medicine he prepares, as we know him to be an accomplished pharmacist, and a gentleman of the highest integrity. Mr. S., and several other

gentlemen we could name, are rapidly bringing the apothecary *business* to the level of a learned profession and a fine art.

The distinction between symptoms and signs, so often confounded, is well illustrated by the following from Captain F. B. Head's *Rough Notes*, taken during some rapid journeys across the Pampas, p. 257:

"The Gaucho pointed to the sky, and said, 'See! there is a lion.' I started from my reverie, and strained my eyes, but to no purpose; and he showed me at last, very high in the air, a number of large vultures, which were hovering without moving; and he told me they were there because there was a lion devouring some carcase, and that he had driven them away from it. We shortly afterwards came to a place where there was a little blood in the road, and for a moment we stopped our horses to look at it. I observed, perhaps some person had been murdered there; the Gaucho said, 'No;' and, pointing to some foot-marks which were near the blood, he told me that some man had fallen, that he had broken his bridle, and that while he was standing to mend it, the blood had evidently come from his horse's mouth. I observed, perhaps it was the *man* who was hurt; upon which the Gaucho said, 'No;' and, pointing to some marks a few yards before him on the path, he said, 'for, see, the horse set off at a gallop.'"

The Englishman might have speculated long and wisely upon the flight of vultures, upon the structure and functions of their organs, even to the minutiae of a feather, and yet never been so far benefitted by his speculations as to diagnose a lion. What are mere symptoms to one, become through a knowledge of their relationship, valuable signs to another.—*Wyman*.

#### NOTICE TO THE MEDICAL PROFESSION.

Having been engaged in the practice of my Profession at this place for eight years, and, wishing to retire, I offer for sale (*at a sacrifice*) my splendid Residence, Office, and everything belonging to a HOME, and the best location for a Country and small Village practice in the State of Iowa. Amount of practice ranging from \$2000 to \$4000—just as a man can stand it and is disposed to make it. Terms, \$3000. \$1500 cash down; balance in three equal annual installments, (secured on the property,) bearing interest.

*I will sell.* For further particulars address,

DR. KITTLE,

(Box No. 2.)

MARSHALL, Henry Co., Iowa.